infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	474
1. PLACE OF DEATH	<u></u>	
County Washington	Registration Dist. No. 30	2/
Village or City Hagehstoum	No Meddleburg Pel SP, V	Ward
F-A	death occurred in a hospital or institution, give its NAME instead of street and nunder	
2. FULL NAME & harles William B	akeuf W. S. Veteran, specify WAR	
(a) Residence: No. Middlebury Ps	St. Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 6
male while single	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	May 27 1936 to June 9	ceased from
6. DATE OF BIRTH (month, day, and year) Place 21-1876	I last saw h we alive on Jame 8, 1936;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stored above, a 4:000m,	000111100010
60 0 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	Chronic Myocardely	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone del nephrito	1 kgs. +
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Perceria	111
SAW MILL, BANK, etc		Tuoy
10. Data dacaased last worked at this occupation (month and year) spant in this occupation		
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) Maulland		
13. NAME Daniel SB a ROA		
14. BIRTHPLACE (city or town)	Name of operation place . Date of .	ne.
(State or country) Maryland	What test confirmed diagnosis?	opsy? ko
15. MAIDEN NAME ama Hower	23. If death was due to external causes (VIOL ENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide?	, 19
(State or country) Mayeand	Where did injury occur?	
17. INFORMANT Mus John Moore	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME OF IN PUBLIC PLACE	E.
(Address) Hayerstown He		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 1984 Date 193	Nature of injury	
19. UNDERTAKER 6. M. Suter 4 Sons. (Address) Has entitlement and	24. Was disease or injury in any way related to occupation of deceased?	0
1-11 39 10910 1 H 200 18 1	(Signed (C. Honar Oyloge)	M. D.
20. FILED . 0	(Addrass) Mogentory, Med.	
If more blanks are model address State Barrier	N Chada Street Balti / Barret Bl S N	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	-	Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis JUL 0 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1:4	STATE OF MARYLAND—	CERTIFICATE OF DEATH 647	()
state UPA.	1. PLACE OF DEATH	90	
should f	county Washington	Registration Dist. No. 302	·
she	Village or City Hage Stown	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
		ds. How long in U.S. if of foreign birth?yrsmos	ds.
YSICIANS	2. FULL NAME Dames Albert 120	Ward If U. S. Veteran, specify WAR	
SIC	7 2 2 1	rc st. 3 Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	male white W: dower	(Month) (Day) (Year	Γ)
X A C T classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 21 HEREBY CERTIFY, That I attended deceased	from
	6. DATE OF BIRTH (month, day, and year) Sult 25= 1866	I last saw hear allve on 6 - 2/. 3 6 ,19 ; death is	sald
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0.7. m.	
state prop ertif	69. 9. 26. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
be of	Rade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. tadustry or business In which work was done, as SILK MILL, Ratived. SAW MILL, BANK, etc.	J. J. T. J.	5.30
nould may back	9. Industry or business In which work was done, as SILK MILL,		
shoul t it ma on bac	U 1D. Date deceased last worked at 11 Total time (years)	///////////////////////////////////////	
(-) to 0	this occupation (month and year) - 3 tues - 1482 - occupation 3 0 475		
so	12. BIRTHPLACE (city or town) Cayshall (State or country)	Other Contributory Causes of Importance:	
instru		Cestimo Schoon	
1 4	= 0,000,000,000,000		
·= 00	14. BIRTHPLACE (city or town) YYY CL Y Sha (State or country)	Name of operation Date of Was there an autopsy? Was there are autopsy? Date of	
efully in pla ant.	15. MAIDEN NAME Susau Herrall	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	15. MAIDEN NAME Susau Herrall 16. BIRTHPLACE (city or town) Mar Shall (State or country)	Accident, suicide, or homicide?Date of injury19	
be EA'	m. Ca SL	Where did injury occur? (Specify city or town, county and State)	
should be car OF DEATH	17, INFORMANT 11 XS CONTY 12 C	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(r) (r)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
ion USJ N	Place 7104 (7570 am Date 100 20 3 1936	Nature of injury	
CAUSE TION is	19. UNDERTAKER A	24. Was disease or injury in any way related to occupation of deceased?	
(1)	20. FILED 6 - 82-, 1936 Black Hower	(Signed) Clark of way	M. D.
y.	Registrar.	(Address) Aceffers for Many 19 5 No.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 30 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	93:00
County 14 Manual 1	Registration Dist. No.
Village or City Added Co	NoV. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	os ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME /// OSES JUST	If U. S. Veteran, specify WAR
(a) Residence: No.	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WHOWED,	21. DATE OF DEATH
Male OR DIVORCED (write the word)	(Month) (Dey) (Ye
58. Ismarriad, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceses
Don't Kusw. 187	
6. DATE OF BIRTH (Month, day, and yeer) 7. AGE Years Months Deys If LESS than	to heva occurred on the date steted above, et. 7.302 m.
65 1day,hr	
1608. Trade, profession, or perticular	Date o
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.)1
√ 1 9 Industry of business in which // // // // // // // // // // // // /	Mycaracter; acute,
work wes done, es SILK MILL, Selver al SAW MILL, BANK, atc	Durotion: not known Quego
10. Deta deceased lest worked at this occupation (month end year) spent in this year) occupation (month end year)	
//N	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME abraham Balses	
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)) ussua	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME LOSE	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 15
E (Stata or country) / Lussia	Where did injury occur?
17. INFORMANT Harry Balger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Auktor (6 mo	•
18. BURIAL, CREMATION, OR REMOVAL Pleca Para Standard Data 6 193	Menner of injury
The Date of the State of the St	Nature of Injury.
19. UNDERTAKEN Jews	24. Wes disease or injury in any way releted to occupe in of deceased?
(Address) Heuco GIO Tus	If so, specify
20. FILED ON ON PROPERTY.	(Signed) Lancock Ond
	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage JUL BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No.

Date of onset

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BUREAU V. S.				
Other contributory causes of importance:	4	Other contributory causes of importance:	7.	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

infor-

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH
DEATH			(1000)		

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1)	1	1	ŧ	1	í	1	

1. PLACE OF DEATH	210-00
County Washing ton	707
WITH MY GUEPWAY TE LOCATE OF	Registration Dist. No.
Village or City Hageistown	No. Washington County Hospital 3 Ward
Langth of rasidence In city or town where death occurred 1/ yrs, 5 mm	If death occurred in a hospital or institution, give its NAM instead is street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
	1 1
2. FULL NAME James Chenchoff	f. If U. S. Veteran, specify WAR
(a) Residence: No. Leiterstrug	St., Ward.
(Usuel place Vabode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH/
M OR DIVORCED (write tha Mord)	June 29 193 6
5a. If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY. That I attended deceased from
(01) WIFE 01	, 19, to, 19
C DATE OF MINTH (TOTAL)	
6. DATE OF BIRTH (month, day, end year) 18, 1925 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; deeth is said to heve occurred on the date stated above, at 2030 Pm.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	wara as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Suca by Culomore
SAWYER, BOOKKEEPER, atc.	and figotinea shall
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	which revised death.
10. Date deceased last worked at this occupation (month and spent in this	0,0000000000000000000000000000000000000
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Lecteralus	Other Contributory Causes of Importance;
(Stata or country) and	
13. NAME James C Benchoff	
E games o mayoff	
14. BIRTHPLACE (city or town) Edgemont	Name of operation Deta of
(Stata or country) md.	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Literatury	23. If deeth wes due to external ceuses (VIOLENCE), fill in also the following:
5 16. BIRTHPLACE (city or town) Leitershing	Accident, suicide, or homicida? ascident Date of injury June 29 19 36
E (Stata or country) and	Where did injury occur? Deutersbrug Holl
17. INFORMANT Mia. James C Benchoff Se	(Specific sites on total account on 1 Co.)
17. INFORMANT MA: Jumps & denchity St. (Address) Les terreurs	Public God at Belle liny Ind
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury But by Motor Vetrile
Placestersling Date July 2 1934	of and the second
1 # 7 000	Nature of injury Manual Nature Some Communication of the Nature of Injury Manual Nature of Injury Nature o
19. UNDERTAKER Scott to Munnich 100	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Hagerstown Md.	If so, specify
20 5USD /-/- 36 DKANHIJONONK	(Signed) Co, Edward Cleard acting borner
20. FILED	(Address) Rageistown, Holl,

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AUG 0 1500			
Other contributory causes of importance:	= 13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATION

FATHER

MOTHER

OCCUPA

JO

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury.

If so, specify (Signed)

(Address)

24. Was disease or injury in any wey related to occupation of deceesed?

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Oll Control of the Co				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

6479

1. PLACE OF DEATH	82:0
County Washingtone	Registration Dist. No. 302
O) I IN DESTRUCTION	11. Wal H.11 W
Village or City Hage Y'STOUM-	No. 0 10 0000 1-11 1-1 VZ St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEN: 1/avd C./aget Toos	
0112002111	1f U. S. Veteran, specify WAR
(a) Residence: No. 110 DUC 11. HVE	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	L. DATE OF DEATH
will white married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	22. 1 HEREBY CERTIEY, That I attanded deceased from
(or) WIFE of Dura Weber-	3. 36 to The 23 1036
Feb. 21-10+7	Lest saw have alive on June 12 3 1936 death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	
The state of the s	to have occurred on the date stated above, at
0. ormin.	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	7/
SAWYER, BOOKKEEPER, atc.	Cerebral Krombons June 20
Industry or business in which work was dona, as SILK MILL.	0 1936.
SAW MILL, BANK, atc	
this occupation (month and spent in this occupation was year)	
yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	- f
(State or country)	beretrol arteroscleroses 1934
E 13. NAME HENRY BODEY	
14. BIRTHPLACE (city or town Shepher ds town	Nama of oparation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy 40:
15. MAIDEN NAME May is a may +: 1.	23. If daath was dua to external causas (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Deaver Cyes	Accident, suicide, or homicide? Date of injury19
E (Stata or country) Luck.	Where did injury occur?
17 INFORMANT MYS M. C. BOURY	(Specify with or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) A C Q C V S TO US	Specify investor in industrial, or in respect reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa - QQQ y Stown. Le d Date New 2/ 1936	Natura of injury
MIC CO.	1.
19. UNDERTAKER (Address)	24. Was disaasa or injury in any way related to occupation of decaasad? G
(nutless)	If so, specify
20. FILED 6 10- 1936 May Towers	(Signed) Silversty M.D. (Address) 149 Co. Cong. A. H. Afga, bu les
Registrar.	(Address) 71 was 4.17 ff 4 feet

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
STATE OF THE PARTY OF THE PARTY.				

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	TARY V.	July 5 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No.

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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
	Peritonitis	3 days ago
. S.	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	44.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BUREAUV				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

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V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0484
1. PLACE OF DEATH	98:0	
County Chashington	Registration Dist. No.	305
Village or City of an may - 7 al	house Memorial House	Ward
	death occurred in a hospital or institution, give its NAME instead of street and thou long in U.S. if of foreign birth?yrs	
2. FULL NAME Harriet S. C	If U. S. Veteran, specify WAR	
(a) Residence: No. San Man (Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temale Culture Temale	21. DATE OF DEATH Quine 28 (Month) (Dey)	., 193 6 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Th. T. Col	22. I HEREBY CERTIFY. That I attende	- 7
6. DATE OF BIRTH (month, dey, and yeer) December 11-1845	West saw her elive on June 27 193	L; death Is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete stated above, at 6m.	
90 6 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.		
9. Industry or business in which		
work wes done, as SILK MILL,	Chrone myocardelis	1930
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupetion (month end spent in this	Chrone Myotardelis	1930
year) occupetion 12. BIRTHPLACE (city or town) Le Carrell City	Other Centributory Causes of importance:	1930
year) occupetion 12. BIRTHPLACE (city or town) pcayol City (Stete or country)		/930
year) occupetion 12. BIRTHPLACE (city or town) pcayol City (Stete or country)		/93.6
year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town)		193.0
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:	
year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Neme of operation	n eutopsy?
year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MAA Mary Country	Other Contributory Causes of importance: Neme of operation	n eutopsy?
year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Other Contributory Causes of importance: Neme of operation	n eutopsy?
year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Mary (Address) 18. Mary (State or country) 19. Mary (State or country) 10. Mary (State or country) 11. INFORMANT 12. Mary (Address) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Mary (Address) 18. Mary (Address) 18. Mary (Address) 18. Mary (Address) 18. Mary (Address)	Other Contributory Causes of importance: Neme of operation	n eutopsy?
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1921	Run over by street car	1 week ago	
July 5 1927	Peritonitis	3 days ago	
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May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 1927 Peritonitis Other contributory causes of importance:	

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3. SEX

7. AGE

PATION

FATHER

MOTHER

HUSBAND ot

(or) WIFE of

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

(State or country)

18. BURIAL, CREMATION/OR REMOVAL

(State or country)

13. NAME

17. INFORMANT. (Address)

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 306 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city, or town where death occurred. How long In U.S. If of foreign birth?_____mos. (a) Residence: No. (Usua place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced CERTIFY That I attended deceased from Lee. 26-1867 6. DATE OF BIRTH (month, day, and year) Years Months Days If LESS than to have occurred on the date stated above, at 1/ 500 m 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spentin this

Accident, suicide, or homicide?__

Manner of Injury

Nature of injury___

Name of operation. What test confirmed diagnosis? _____ Was there an autopsy?. 23. If death was due to external causes (VIOLENCE) fill in also the following:

Date of Injury 19

Where did injury occur?___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

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occupation

_ Date_

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BUREAU V.		4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

V. S. No. 1

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1. PLACE OF DEATH	210-700
county Vilas hi naton	Registration Dist. No. 302
Village or City 1/a gerstour.	No. State Rvail. St., Ward
Amage of only 15 to 32 to 32 to 100 t	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME De YOU Domey.	U. S. Veteran, specify WAR
(a) Residence: No. Fuen & Stown Www. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	ED, 21. DATE OF DEATH
5a. If married, widowed, or divorced	(Vionth) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
	, 19, to
6. DATE OF BIRTH (month, day, and yeer) Lec 8-1916	last sew h elive on, 19; death is said
7. AGE Years Months Deys If LESS t	
9 5 99. 1day,	I HE I KINCI AL CAOSE OF DEATH and related ceases of importance
8. Trade, profession, or perticular	Date of onset
kind of work done, as SPINNER, have lev	P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked et this occupation (month and	
work was done, es SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year)	νΔ.
year) = 11 occupation - 5 - 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Tullo with	
(Stete or country)	
14. BIRTHPLACE (city or town) Sharps Nurey	
2 14. BIRTHPLACE (city or town) Showing Much	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Con Rendall.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Condent Date of injury June 6, 1936
State or country)	Where did injury occur? ou Route +40 near Fundsown
17 INFORMANT See W Domer.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Tuuls town md.	on Roule # 40 new Junkslow Muss
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Muledby having struck
Placed Darkersulle Md Date June 9., 19	Nature of Injury by a Molto Aleksele
19. UNDERTAKER A. W. Ordlinge	24. Wes disease or Injury In eny way related to occupetion of deceased?
(Address) Tage Doma 200	If so, specify
10 FUED 6-8- 1036 Chal Al 3 reve	(Signed Co. Edward & Ceard, acting Boroner) 140
20. FILED O Regist	rar. (Address) Pagaslown, Mod,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	!1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	144.4020	Other contributory causes of importance: Gastroenteritis		
Gausiones	May 1,1923	Gastroenterius	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

County	VASHINGTON =	5		Registration I	Dist. No. 0 0/	
Village qual	William	nsport	~~~~~~~	NoNo	St., War	
Length of res	idence in city or town where	death occurred	lifse mos	death occurred in a hospital or institution, give its NAMEds. How long In U.S. If of foreign birth?		
	ME William	Dukes		If U.S. Veteran specify WAR		
(a) Resider	ome	as abo	ove	St., Ward.	X	
(4) 11001001		(Usual plac	e of abode)	If nonresident s	give city or town and State	
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE	OF DEATH	
male	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June	, 16,1936 (Day) (Year)	
a. If married, widow HUSBAND of (or) WIFE of		ΧX		22. 1 HEREBY CERT1FY	Y, That I attended deceased fro	
DATE OF BIRTH	(month, day, end year) .Tg	an. 6. 1	000	l lest saw h elive on	, 19; death is se	
	ars Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et	30 mP.M.	
27	1 5	10	ormin.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	s of Importance	
8. Trade, profe	ession, or particular work done, as SPINNER, R, BODKKEEPER, etc	Laborer		() p		
	handware to subtab			Mulmonapul	Herelow !	
work wa	s done, as SILK MILL, LL, BANK, etc.	Broom Fa	ctory	ļ		
	sed lest worked et upation (month and 1933	11. Total sp	time (years) ent In this cupation			
2 BIDTUDI ACE (C	ity or town)William	coont	v d	Other Contributory Causes of importance:		
(State or cou	intry)	10016	#F	There exelored the land	udan ?	
13. NAME	esse Dukes				,	
14. BIRTHPLAC	E (city or town) Ca.]	crol Co	Md	Name of operation		
15. MAIDEN NA	AME Dora	Lancast	er	23. If death was due to external causes (VIDL ENCE) fill		
16. BIRTHPLAC	E (city or town)	amsport		Accident, suicide, or homicide?		
Jesse Dukes (Address) Williamsport Md				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	TION, OR REMOVAL			Manner of Injury		
Wrieliamsport Md Date June, 19,]				O Bacre of injury		
AL LIGHT -T-T-E						

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
WINEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

properly classified.

1. PLACE OF DEATH	(82-0)
County Washington	Registration Dist. No. 302
	No. 1713 Dirqinia Fin 3t., Ward death occurred in a hospital or institution, sive its NAME instead of street and number)
Length of residance in city or town where death occurredyrs,mos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME VV:11: am Edgay E	mmer ITU. S. Veteran, specify WAR
(a) Residence: No. 1713 U. rainia Ave.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, dey, end yeer)	I løst saw have alive on June 5, 1936; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, atm.
(o q 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, Lay mex	130
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this gecupation (month end) 11. Totel time (years) spent in this spent in this	Ameral Porteo - Slavous
10. Date decessed last worked at this occupation (month end year) 11. Totel time (years) spent in this year) 12. Totel time (years) spent in this year) 12. Totel time (years) spent in this year) 13. Totel time (years) spent in this years) 14. Totel time (years) spent in this years) 15. Totel time (years) 15. Totel time	(15) rash - patient unaconscions)
12. BIRTHPLACE (city or town) Fair blay (Stete or country)	Other Contributory Causes of importence:
# 13. NAME E z ra Emmert	
13. NAME E TO E M MEXT 14. BIRTHPLACE (City or town) Fair plan (State or country)	Neme of operation Date of What test confirmed diagnosis? Wes there en autopsy?
# 15. MAIDEN NAME leanor TTT rddle Kauk	23. If deeth wes dua to axternel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lean or TT-ddle Kauft 16. BIRTHPLACE (city or town) Spiles man Stalm	Accident, suicide, or homicide? Data of Injury19
(Stete or country)	Where did injury occur?
17. INFORMANT Mrs Ida F. Emmert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Pieca +lagex stown. Date June 8, 1936	Nature of injury
19. UNDERTAKER A.K. Coxxuau (Address) Hagasto un. Vad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-8-, 19, 36 Chas AH 30 cm Registrar.	(Signed) De Deep by h M. D. (Address) Hagzashrag Md.
0	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	5	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4.1		1	4	
()	4	1	- 5	2
1	X		9	у.

1	. PLAC	E OF I	DEAT	rH			MOD IT 2 2
	County			Washin	gton. C	0.	Registration Dist. No. 332
	Village	or City_	THIN	ALM BALL SHAWN WAS IN W.	Setting to a large		ctomo Co. Hospital st., 3 Ward
1						(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length	of residence	ce in cit	y or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL	NAME	Ē	Richar	d Evers	ole	If U. S. Veteran, specify WAR
	(a) Re	sidence:	No	9 Mad	ison Av	е.	St., 2 Ward.
-					(Usual place	of abode)	If nonresident give city or town and State
-					ICAL PART		MEDICAL CERTIFICATE OF DEATH
3. S	EX	4.	COLO	R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	June 6 193 6
	Wale			White	Si	ngle	June 6 , 193 6 (Month) (Day) (Year)
5a.	If married, HUSBANI	widowed,	or divo	rced			22 I HEREBY CERTIFY That I attended deceased from
	(or) WIFE	of					1/4 1 1936 to V VAC 6 1936.
c r	ATE OF BI	DTU (mor	nth day	and upor) Tr	oh 6 7	076	I last say h. 1 Q alive on D 4 c 6 1936 death is said
7. A		Years	itii, Gay	Months	eb. 6.1	If LESS than	to have occurred on the date stated above, at 9.19 Pm.
						1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
	8 Trade	profession	n or na	rticular.	1 0	ormin.	were as follows:
NO	kin	d of work	done, a	as SPINNER, PER, etc.			That to Care Coll March 13 3 A.A.
OCCUPATION	9. Indust	ry or busi	iness in	which			
5	WO SA	rk was do W MILL, E	ne, as S BANK, e	ILK MILL,			- Falloldy dell 10. tost to infure
ö	10. Date of	leceased la s occupation	ast wor	ked at	11. Total	time (years) ent in this	mjorg all took with
	yea	ar)				upetion	Other Cuutributory Causes of importance:
12.	BIRTHPLA	CE (city or	town)_	Н	agersto	wn Md	Athreesis
		or country)				722 912 02 0	Athrenoisin
ER	13. NAME	Ral	l ph	Everso	le		Ascituation to and Avitaminosis
FATHER	14. BIRTH	PLACE (cit	tv or to	wn)	Md.		Name of operation Date of
		ate or cou					What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDE	N NAME		Alind	a Kelle	r	23. If death was due to external causes (VIOLENCE) fill in also the following:
E I	16. BIRTH	PLACE (cit	tv or to	wn)	Pa.		Accident, suicide, or homicide? Date of injury19
Σ		tate or cou	-				Where did injury occur?
17	INFORMAN		P.	alnh Ew	ersole		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17.	(Addre			9 Madi	son Ave	•	
18.	BURIAL, CF						Manner of injury
	Ptace	Hage	ers	town, Md	• Date Jun	e 8 ,1936	Nature of injury
10	UNDERTAK	FD	F'	red W.	Kraise		24. Was disease or injury in any way related to occupetion of deceased?
13.	(Addre			rstown.		/	If so, specify
20	FILED 6	-8-		36011	asth	nevero	(Signed) Of Codum M.D.
20.	FILEU		, I			Registrar.	(Address) 109 Wesoh. at City

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	D—CERTIFICATE OF DEATH 6491
1. PLACE OF DEATH	- qua
County Clashington	Registration Dist. No. 302
Village or City Laguateren	No. 2 2 3 N. Mulbers St., 4 War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Colward 7 7 is	her If U. S. Veteran, specify WAR.
(a) Residence: No. Waynestoro (Usual place of abode)	Va St., V Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW! OR DIVORCED write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A +	22. I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of Butha Fusher	way 27 , 19% to June 9 , 1936
6. DATE OF BIRTH (month, day, and year) Q + 25, 188	
7. AGE Years Months Days If LESS t	11.11.2
5-2 7 15- 1day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	Date of ons
kind of work dona, as SPINNER, Retued	ausina Viertores Mas 2
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and	ad
10. Date deceased last worked at this occupation month and 1929 spent in this occupation 2	
12, BIRTHPLACE (city or town). Shan an doah	Other Contributory Causes of importance:
(State or country) / Va	Myreardetes tedefauti
13. NAME Charles Fisher	
14. BIRTHPLACE (city or town) / 44 gustown (State or country)	Name of operation Date of What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Emma Frage	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CMMa Frage 16. BIRTHPLACE (city or town) Newport (State or country) Va	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Miss. Emma Fisher (Address) Hagerstown mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Lageratown Md Date Line 13 , 19	Manner of injury
19. UNDERTAKER Seatt 7 Minnel Son (Address) Saguations me	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6 - 11 - , 193 6 6 Hast Howa	(Signed) Severe M. Weig
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago BUREAU V & Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6491
1. PLACE OF DEATH	(3)
County Kashington	Registration Dist. No. 306
Village or City Blue Ridge Summit	No. St, Ward
Length of residence in city or town where death occurred 10 yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Say Robertson Flem	ing X
(a) Residence: No. Blue Ridge Summit	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
semale white. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, wildowed, or divorced HUSBAND of (or) WIFE of Antien Floring.	22. I HEREBY CERTIFY. That I attended deceased from They 18 1936 to June 28 1936
6. DATE OF BIRTH (month, day, and year) Aug. 29 1866	1 8 , 1936, to June 28 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 22m.
69 9 25 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House Sulfiss	Carebral Hourshaye: 6/18/34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and year) occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	18- 2 1930
13. NAME Grotaling Robertains	6 traine in plantes / 1930
14. BIRTHPLACE (city or town)	Nama of operation Date of
(Stata or country) Uriginia	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lelia Bedrand	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city ar town)	Accident, sulcide, or homicide? 200 Data of Injury 19
(Stata or country) Virginia	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT L. Hallow Fleming. (Address) Blue Ridge Gumant	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rate Hill Cymetery Date 4/26, 1936	Manner of injury
19. UNDERTAKER Halts of Grantes (Address) Warling line for	24. Was disease or Injury in any way ralated to occupation of deceased? 20
20. FILED JAME 24 10 6 Seoft Ferguson	(Signed) (Si
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ľ	Example II	-
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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E	xample I		1	Example II	
The principal cause of dea of importance were as folk	th and related causes ows:		e of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	UU & 1026		1921	Run over by street car	1 week ago
Cerebral hemorrhage	G05 0 7808	Jul	y 5,1927	Peritonitis	3 days ago
	BURFALL V. S.				
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones		Ma	y 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

infor-

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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4.1	-4	12		")
()	4	9	P	5

1. PLACE O	F DEATH			(75)	200
County 1	ashin don			Registration Dist. No.	502
Village or C	ity Wagersl	own	(If	NoWashington County Hospital . St., death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of resi	idance in city or town whera	death occurredyrs,		ds. How long in U.S. if of foralgn birth?r	
2. FULL NA (a) Residen	O Mas -	Gross Permanent K	esid	If U. S. Veteran, specify WAR	X
PERSON	IAL AND STATIST	(Usual place of abode)	S	If nonresident give city or town an	d State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDO		21. DATE OF DEATH	
male	Black	OR DIVORCED (write the		June (Day)	, 193.6 (Year)
5a. If merriad, widow HUSBAND of (or) WIFE of	ved, or divorced	0		22. HEREBY CERTIFY That I altended	1
6. DATE OF BIRTH	(month, day, and year)	Suskewan !!	871	1 last saw this aliva on June 9, 193	7, 19. 7. 6.; death is said
7. AGE bly Yas	Months		S than	to heva occurred on the date steted ebove, at 52 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profe	ssion, or particular work dona, as SPINNER,	91 marson		wera as follows: Cerebral Concussion	Date of onset 6/4/36
Industry or work wa	business in which s dona, as SILK MILL, LL, BANK, etc.	an Stack		Bronchopneumoma	6/9/36
10. Data decaas this occu year)	ad last worked at apation (month and	11. Total tima (yaars) spent in this occupation	-		
12. BIRTHPLACE (ci	ity or town) Rot	tnown		Other Contributory Causes of importanca:	6/7/36
(Stete or cou	m(y)	X Kunn		ac to Conferment	6/7/3
Ε		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Name of operation	
(State of	E (city or town)			Name of operetion Date of What test confirmed diagnosis? Was there an	
H 15. MAIDEN NA	ME nob	Kurun		23. If death was due to external causes (VIOLENCE) fill In also the following	ng:
5 16. BIRTHPLACE	E (city or town)	6 .		Accident, suicide, or homicide? Homicide Data of injury Jun Where did injury occur? Haserstown Md.	
17. INFORMANT (Address)	Leuris Je	Harriba	wind	Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	must 6-13	,1926	Manner of injury Struck by battle. Nature of injury creholloncussion, fucurature; He	morrhage
19. UNDERTAKER (Address)	other mile	ldull	-AYW	24. Was disaase or injury in eny way ralated to occupation of daceased?	No:
20. FILED 6/	3/,1936 6	101/130	ale	(Signed) Frank & Shupp	M. D.
/		Res	gistrar.	(Address) CTIVI OCOMA (AF, Magne	was ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	DDITIONAL	DDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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of infor-

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

,	1. PLACE OF DEATH	93-0
	County: 26 ashungton	Registration Dist. No. 3 0 2
r	Village or City Hage Constour	No. 1518. Prospects. I, Ward
10	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred 3 oyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Salle My Juns	If U. S. Veteran, specify WAR_
	(a) Residence: No. 15 1 S. Flospec	Cst., & Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-3	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	J. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)	Hene 15, 1936
3	5a. If married, widewed, or diverged	(Month) (Day) (Year)
	HUSBANDOF PLOS F H. Grand	22. I HEREBY CERTIFY, That I attended deceased from
	(d) wire of affect of Funnel	June 1, 1936, to June 157, 1936
e.	6. DATE OF BIRTH (month, day, and year) Feb 5-1269	Ylas saw h 2 aliva on 10 , 193 6; death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 10:20 m.
rtif	67 4 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
	8. Trade, profassion, or particular kind of work done, as SPINNER,	Date of onsat
Jo :	SAWYER, BOOKKEEPER, etc.	1
back	S. Hade, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last workad at this occupation (month and spent in this spent in th	Company Thinkors The 1,
on b	SAW MILL, BANK, atc	7:10
	this occupation (month and spent in this occupation	aun aury 7 con way Jue 193
instructions	Parkersburg	Other Contributory Causes of importance:
net	12. BIRTHPLACE (city or town)	Chrone Muson al.
ıstr	13. NAME Patrick nolan	
	E 0	News of assertion
See	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was thera an autopsy? Zo
+	15. MAIDEN NAME Hamal Kennoch	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
important		Accident, suicide, or homicide?
por	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
	Hannah German	(Specify city or town, county and State) Specify whathar injury occurred in industry, in Home, or in Public Place.
very	17, INFORMANT A GUSTOWN MC	// // // // // // // // // // // // //
A K	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Z 13	Place 15 cellimore Date 9/8, 19.36	Natura of injury
TION	19. UNDERTAKER & M. Suler & Sons	24. Was disease or injury in any way related to opcupation of deceased?
H	(Address) Hagerstown me	If so, specify
	20 EUED 10-11- 100 2 Shash Barrer	(Signad) M.D.
1	20. FILED C , 196 C Registrar.	(Address) fagers four lug),
1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Examp	le I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	8 2026	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	3 3 5 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage BILLET	AU V. S.	July 5,1927	Peritonitis	3 days ago
Environment of the latter of t				
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u> </u>		

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAitem WITH UNFADING INK-THIS IS A PERMANENT RECORD. properly classified. See instructions on back of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V.S. No. 1

infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

Length of residence in city or town where death occurred 2 yrs mos.	Registration Dist. No. 302 No. 226 CO 7 rauklus St., 5 Ward salt occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds. Farvill U.S. Veteran, specify WAR St., Ward.
Length of residence in city or town where death occurred 2 yrsmos	each occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William Frankling	farribles. Voteran, specify WAR Dru
3/	7
(a) Residence: No.	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white married	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Mary C. Harrison	1 HEREBY CERTIFY, That I ettended deceased from 26, 1936, to 25, 1986
DATE OF BIX (III (IIII), de), and year)	I lest saw 6/4 alive on 1926; death is said
1.3	to have occurred on the date stated above, etm.
10	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Day Labreu Lindustry or business in which	balvular Heut Jube
work was done, es SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceesed lest worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation 4040	
BIRTHPLACE (city or town) Beaver Creek (Stete or country)	Dithar Contributory Causes of importance: Mal multiture
13. NAME Gardagues Harrisons	fall age
14. BIRTHPLACE (city or town) Beaver Creek	Name of operation
(State or country) wash, Co. Md.	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chance Rline 23	23. If death was due to external causes (VIOLENCE) fill in also tha following:
	Accident, suicide, or homicide?Date of injury19
70	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boundary Md. R. 2	*
Non 130000 (200 por 2 20 1000)	Mannar of injury
UNDERTAKER COM 3. Bast 4504 2	24. Was disease or injury in any way related to occupation of deceased?
THED SINE 2 Dig & Street Bocers	(Signed) (Address) (Address) (Address) (Address)

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Example 1	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 6

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hawbaker

BINDING

RESERVED

MARGIN

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUL 6 1986	7		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Guerroneo	11 ay 1,1020	Ousi veriterius	1 year

-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC mation should be carefully supplied. AGE should be stated EXACTLY. P CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac		REC	- P	Exac
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A P mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly	DITTOTTO	ERMANENT	EXACTLY	g classified.
WRITE PLAINLY, WITH UNFADING INK—THIS nation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be	FOR	IS A P	stated	properly
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		WRITE PI	nation shou	AUSE OF

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statement

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M

V. S. No. 1

1. PLACE

2. FULL I (a) Resi PERS

5a. If married, w HUSBAND (or) WIFE o

6. DATE OF BIR

Trade, p

9: Industry

10. Date de this year

12. BIRTHPLACE (Stete or

17. INFORMANT

18. BURIAL, CREMATION.

13. NAME

(Stete or country)

kind

work SAW

3. SEX

7. AGE

OCCUPATION

County_ Village of Length of

OF DEATH	-CERTIFICATE OF DEATH	6497
Washington	Registration Dist. No.	00
or City Sharpsburg Md	No	St., Ward
residence in city or town where death occurred 2 yrs. 10 m	If death occurred in a hospital or institution, give its NAME instead of stross. ds. How long in U.S. If of foreign birth?yrs	eet and number)ds.
NAME Robert L. Hebb		
dence: No. (Usual place of abode)	St., Ward. If nonresident give city or to	own and State
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH June (Month) (Day)	, 193 6 (Year)
TH (month, day, end year) Oct 27 = 187. Years Months Oays If LESS than 1 dey,hrs	to have occurred on the date stated above, at 4:45P m.	19; death is said
0rmin.	were es follows:	Date of onset
of ession, or particuler of work done, as SPINNER, YER, BOOKKEEPER, etc	Hypertension Angina Pectoris	19307
MILL, BANK, etc.	- (According to history of	
peased lest worked et cocupation (month and spant in this cocupation)	attack) Lived only a few minutes.	
(city or town) Swarf s burg ho	Other Contributory Causes of Importance: Death certificate signed	at
country) Praile Co	_ direction of coroner.	
Kichand Herry		
ACE (city or town) Short being Me e or country) Wash of	Name of operation	-11-2
NAME JOSA BELL Rander	23. If death was due to external causes (VIOLENCE) fill in also the	

FATHER 14. BIRTHPL (Ste MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

More specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Registrar.

19. UNDERTAKER (Address)

24. Was disease or injury In any wey releted to occupation of deceased? If so, specify

Neture of injury_____

Where did injury occur?_

Manner of Injury

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	110	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage REAU V. S	July 5,1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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of OCCUPA-

act statement

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.	CALISE OF DEATH in ulain terms so that it may be properly classified. Ex
IS A F	stated	proper
HIS	pe	he
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ING I	AGE	that
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WITH	refully s	in plain
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PLA	plnods	OFT
-WRITE	mation	CATISE

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CAUSE OF DEA

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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-	1. PLACE OF DEA	ТН				
	CountyWash	ington			Registration Dist, No. 30 Z	
	Village or CityB	roadfor	ding		No. St V Wa	rd
	Length of residence in o	sity or town where o	leath occurred_20	(If)yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreIgn birth?yrsmos	is.
:	2. FULL NAME	Nancy Ca	atherine	e Hose	If U.S. Veteran, specify WAR	
	(a) Residence: No.	Broadfo	rding (Usualplace	of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race		RIED, WIDOWED, D (write the word)	June 15 (Year)	
5a.	. If married, widowed, or div HUSBAND of (or) WIFE of Ha	orced rry Hose	e		22. I HEREBY CERTIFY, That I attended deceased from 2000 2000 2000 2000 2000 2000 2000 20	
6	DATE OF BIRTH (month, de	ov and vear) Jan	nuary 10	1877	Hest saw har alive on James 55. 19-3 G death is si	
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11:40A m.	
	59	5	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were actollows:	et.
OCCUPATION	8. Trede, profession, or paid of work done SAWYER, BOOKKE 9. Industry or business in	, as SPINNER, EPER, etc n which	Home V	Vork	- Chronic My ocarditio 193	,36 H
OCCU	work was done, es SAW MILL, BANK, 10. Date deceased last wo this occupation (m year)	orked at onth end	sper	me (years) nt in this ipation	The intestinal shat metion was due to intestinal stasis of it was not due to concers of confer	
12	z. BIRTHPLACE (city or town (State or country)	Urbana Ohio			Other Contributory Causes of Importance: One were the Contributory Causes of Importance: On testing of Warstruction	
ER	13. NAME Jacob	Crik			The state of the s	
FATHER	14. BIRTHPLACE (city or t		known		Name of operation	
-	(State or country)	Oh:	10		What test confirmed diagnosis? Wes there an autopsy?	
OTHER					23. If death was due to external causes (VIOL ENCE) fill in also the following:	
₩ W	16. BIRTHPLACE (city or t (State or country)		own		Accident, suicide, or homicide?	
	INFORMANT Har (Address) Bro	adfordi	ng- Hage	erstown R	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACEF - D	
	Burial, CREMATION, OR Plece Broadfo	rding M			Notate of mjory	
19	O UNDERTAKER Sny (Address) Clea	der-Row	land Fur	neral Hon	24. Was disease or injury in any way related to occupation of deceased?	
20), FILED 6-/8-	1936-61	east, 13	Registrar.	(Signed) Tava C. Orewer M. A. M. (Address) Clarapung Mo.	D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis GELVE	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TA USBAIL

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DITIONAL SPACE FOR FURT	ER STATEMENTS	BY	PHYSICIA:
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V. S. No. 1

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of infor-

1. PLACE OF DEATH County, Washington Village or Large Williamsport #32 Wesh Potomac St Si. Ward Langth of residence in city or town where death occurred 1 1 fpc mos. Langth of residence in city or town where death occurred 1 1 fpc mos. ds. Now long in U.S. If of toriging birth? YES MANUEL Charles Edward Kamble Luss Veteran specify WAR (a) Residence: No. Same as Dove (a) Residence: No. Same as Dove (a) Residence: No. Same as Dove (b) Representation of the city of town and State of Same as Dove (b) Ward. PERSONAL AND STATISTICAL PARTICULARS S. SINGLE MARKED, WOWDED ON DIVERSE OF WHITE OF DEATH J. SZY Male 4. CORR OK, RACE OR DIVERSE MARKED, WOWDED ON DIVERSE OF WHITE OF DEATH JUNE, 17, 1936 193 194 21. DATE OF BRITH (month, day, and year) 22. I HER EBY CARTIFY, 1 hat I stithed describe to the NUSS MANUEL MARKED OF THE COMMENT OF THE COMM	STATE OF MARYLAND-	CERTIFICATE OF DEATH 6493
Village of the second of the s		82.0
Langth of residence in city or town where death occurred in the Aborable of tension and the control of		
Langth of residence in city or town where death occurred 1110 mos. 45. How long in U. S. If of foreign birth?	VIIIde United	
2. FULL NAME. Charles Edward Kimble (a) Residence: No. Same as above (Unarbase of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEMale 4. COURT GR.RACE 5. SINCLE MARRIED WIDOWED (Wirth the word) MATTIED 5. II merried, widowed, or diverced NUSARY of Carry Williams and Carry Wife of Alice Britner 5. DATE OF BIRTH (month, day, and year) 7. ACE 82	1116	
(a) Residence: No. Same as above. (b) (Unarlysec of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX ALE 4. COLOR OR PARKET S. SINGLE MARKED, WIDOWED. OR DIVORED (with the word) Matried Alice Britner 6. Date OF BIRTH (month, day, and yasar) 7. AGE 8. Years Months		If II S. Veteran anecify WAR.
PERSONAL AND STATISTICAL PARTICULARS SEMBLE 4. COURT OF RACE S. SINGLE, MARKED, WIDOWED, OR DIVOKED ("wint the word MUSAND") S. H. merried, widowed, or divorced MUSAND Alice Britner 6. Date OF BIRTH (month, day, and year) 7. AGE 8. Peers Month 1 Days If LESS than On Month 8 5 1 day, Mrs. Marked at 1924 11. Total time (years) 5 year) S. Will, Bark, atc. 10. Date Gessellast worked at 1924 11. Total time (years) 5 year) 10. Date Gessellast worked at 1924 11. Total time (years) 5 year) 11. Marked Deert Kimble 12. BIRTHPLACE (city or town). William Sport Md 13. NAMERO DEET Kimble 14. RIRTHPLACE (city or town). Maryland 15. Maiden NAME Sarah Neilson 16. BIRTHPLACE (city or town). Maryland 16. SIRTHPLACE (city or town). Maryland 16. BIRTHPLACE (city or town). Maryland 17. INFORMANT. William Kimble 18. BURLAL, CREMATION, OR REMOVAL What lest confirmed diagnosis? Was there on autoppy? 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. Filed Jume Mr. 1346 (Signad) (Address) Milliamsport Md 20. Filed Jume Mr. 1346 (Signad) (Address) Williamsport Md 20. Filed Jume Mr. 1346 (Signad) (Address) Milliamsport Md 21. Marker delingury occurred in INDUSTRY, in Holke, or in PPBLIC PLACE. (Signad) (Address) Williamsport Md 21. So, specify (Signad) (Address) Milliamsport Md 22. Filed Jume Mr. 1346 (Address) Milliamsport Md 23. Filed Jume Mr. 1346 (Signad) (Address) Milliamsport Md 24. Was disease or injury in eny way related to occupation of decased? (Si		X
21. DATE OF DEATH 22. DATE OF DEATH 3. SET MR. 10	(a) Residence: No. Daule as above (Usual place of abode)	
5. If merried, widowed, or diversed HUSSAND of Cor Wife of Alice Britner 6. DATE OF BIRTH (month, dey, and year) 7. AGE Sees Nonth the Sees of Month the		MEDICAL CERTIFICATE OF DEATH
5. If merried, widowed, or divorced RUSSAND and Dec. 12, 1853 7. AGE Sees Manth of Months 5 If LESS than of Months 5 If LESS than of Months 6 Months 7 If LESS than of Months 6 Months 7 If LESS than of Months 8 If LESS th		June, 17,1936 193
6. DATE OF BIRTH (month, day, and year) 7. AGE 82 Months 6. DATE OF BIRTH (month, day, and year) 7. AGE 82 Months 6. Date Of BIRTH (month, day, and year) 7. AGE 82 Months 6. Date Of BIRTH (month, day, and year) 7. AGE 82 Months 6. Date Of BIRTH (month, day, and year) 7. AGE 82 Months 6. Date Of BIRTH (month, day, and year) 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack, profession, or particular kind of work done, as SPINNER, Retired 8. I rack saw however, view on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family profession to have occurred on the date staked above, at . I family p	5a, If merried, widowed, or divorced	
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TACE 82 Months Days If LESS than The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: Note that the profession, or particular skind of work done, as \$Pinner, Retired sayver, BookKeeper, etc. Sawyer, BookKeeper, etc. 9-Industry or business in which work was done, as \$Ikk Migilk Mill Watchman skind of work done, as \$Ikk Migilk Mill Watchman show work was done, as \$Ikk Migilk Mill Watchman show work	Dec. 12, 1853	
8. Trede, profession, or particular kind of work dome, as SPINNER, Retired 9. Industry or business in which work was dome, as SILK Mijilk Mill Watchman 10. Date deceased last worked at 1924 introduced in this 5 occupation month and 1924 introduced in this 5 occupation of this 5 occupation in this 5 occupation of this 5 occupation occupation o	7. AGE Years Months Days If LESS than	-
8. Trede, profession, or particular kind of work done, as SPINNER, Retired 9. Industry or business in which will be apply the provided at the		THE TAINCH AL CAUGE OF DEATH CHU FORCES GOUGES OF IMPORTANCE
Solid content of the property of the propert	8 Trade profession or particular	Date of one et
Dither Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Williamsport Md (State or country) 13. NAMEROBERT Kimble 14. BIRTHPLACE (city or town) Dete of What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME SARAH Neilson 16. BIRTHPLACE (city or town) Maryland Accident, suicide, or homicide? Date of injury 19. Specify city or town, country and State) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL White I liamsport Md 19. UNDERTAKER (Address) Williamsport Md 20. FILED June M, 1936 Or	kind of work done, as SPINNER, Reclifed	Ciecles demoure hage 6/19/3
Dither Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Williamsport Md (State or country) 13. NAMEROBERT Kimble 14. BIRTHPLACE (city or town) Dete of What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME SARAH Neilson 16. BIRTHPLACE (city or town) Maryland Accident, suicide, or homicide? Date of injury 19. Specify city or town, country and State) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL White I liamsport Md 19. UNDERTAKER (Address) Williamsport Md 20. FILED June M, 1936 Or	V 9 Industry or business In which work was done, as SILK MICL.ilk Mill Watchman	
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12. BIRTHPLACE (city or town). Williamsport Md (State or country) 13. NAMEROBERT Kimble 14. BIRTHPLACE (city or town). (State or country)Maryland 15. MAIDEN NAME Sarah Neilson 16. BIRTHPLACE (city or town). Maryland (State or country) (State or country) Maryland (State or country) Maryland (State or country) William Kimble (Address) Williamsport Md 18. BURIAL, CREMATION, OR REMOVAL WPâcdliamsport Md 19. UNDERTAKER (Address) Williamsport Md 19. UNDERTAKER (Address) Williamsport Md 20. FILED June 19. 19. 16. 16. 256 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	- Line description (month one -)	
13. NAMEROBERT Kimble 14. Birthplace (city or town)	williamsport Md	Dther Coatributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)Maryland 15. MAIDEN NAME Sarah Neilson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) William Sport M. Date June 19. UNDERTAKER Albert Leaf (Address) 20. FILED Maryland Neme of operation What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? Was there en autopsy? Accident, suicide, or homicide? Nome of operation What test confirmed diagnosis? Was there en autopsy? Accident, suicide, or homicide? Nome of operation What test confirmed diagnosis? Was there en autopsy? Accident, suicide, or homicide? Nome of operation What test confirmed diagnosis? Was there en autopsy? Accident, suicide, or homicide? Nome of operation Maryland Accident, suicide, or homicide? Nome of operation Maccident, suicide, or homicide? Nome of operation Accident, suicide, or homicide? Nome of operation Maccident, suicide, or homicide? Nome of operation Maccident, suicide, or homicide? Nome of operation Accident, sui		Tyloria Selevens 1930
What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? 3. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident, suicide, or homicide? William Kimble (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED MARCH / 1, 1376	E 13. NAMEROBERT Kimble	
What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident, suicide, or homicide? What edit injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury Manner of injury Nature of injury 19. UNDERTAKER Albert Leaf (Address) Williamsport Albert Leaf (Address) Williamsport Albert Leaf (Address) Williamsport (Address) Williamspor	14. BIRTHPLACE (city or town)	Neme of operation Marks Dete of
Solution Maryland Accident, suicide, or homicide? Maryland Maryland Accident, suicide, or homicide? Maryland Marylan	(State of country M. C. J. T. C. T.	What test confirmed diagnosis?
William Kimble 17. INFORMANT (Address) William Sport Md 18. BURIAL, CREMATION, OR REMOVAL Wright Liamsport Md 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED June 19. 1936 Or Garbbeckards Registrat. What display occurred in industry, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in industry, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED June 19. 1936 Or Garbbeckards (Signed) (Signed) (Signed) (Address) Williamsport Md (Address) Williamsp	# 15. MAIDEN NAME Sarah Neilson	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
William Kimble 17. INFORMANT. (Address) Williamsport Md 18. BURIAL, CREMATION, OR REMOVAL Which liamsport. Md. Date. June. 20, 19.36. 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED June. 17., 136 for Carbockard. (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury. Nature of injury 19. UNDERTAKER Albert Leaf (Address) Williamsport Md (Signed) (Signed) (Signed) (Address) Williamsport Md (Address) Williamsport Md (Address) Williamsport Md (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Williamsport Md (Specify city or town, county and State) Specify city or town, county and State) (Address) Williamsport Md (Specify city or town, county and State) (Specify city or town, county and State) (Specify city or town, county and State) (Address) Williamsport Md (Signed) (Signed) (Signed)	5 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? 20 Date of injury 19
17. INFORMANT WITTIAM KIMDLE (Address) WITTIAM KIMDLE (Address) WITTIAM KIMDLE 18. BURIAL, CREMATION, OR REMOVAL Which Liamsport Md Date June 20, 19.35 19. UNDERTAKER Albert Leaf (Address) WITTIAMSport Md 24. Was disease or injury in eny way releted to occupation of dacased? (Address) WITTIAMSport Md 25. Carbon Manner of injury in eny way releted to occupation of dacased? (Signed) (Signed) (Address) Manner of injury in eny way releted to occupation of dacased?	- (Catale of County)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL While Liamsport Md. Date June 20, 19-36 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED June 19. 1936 for Coefficients Registrat. (Address) (Address) (Address) (Address) (Address) (Address) (Address)	17 INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
Weddliamsport Md Date June 20, 19.36 Nature of injury 19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED June 19., 1936 for Garbbickards Registrat. (Address) Williamsport Md (Signed) (Signed) (Address) Williamsport Md		
19. UNDERTAKER Albert Leaf (Address) WIIIIamsport Add (Signed) 24. Was disease or injury in eny way releted to occupation of dacassed? No. 18 so, specify (Signed) (Signed) (Address) WIIIIamsport (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)		
19. UNDERTAKER WIIIIamsport Ad (Address) WIIIIamsport Ad 20. FILED June 19., 1936 for Gerbickard (Signed) (Address) WIIIIamsport Ad (Address) WIIIamsport		
20. FILED June 19., 1936 los Cos Bickards (Signed) To municipal March 19. (Address) Williams (Address) Williams (Address)	19. UNDERTAKER	
20. FILED JUNE 12, 1936 De De Visatalista. (Address) Williams and	0 00 - 6	1700
	Registrar.	(Address) Williamstand md

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IIII 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ë

f infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 6500
1. PLACE OF DEATH		3 11
County Washington		Registration Dist. No. O
Village William		NoSt., Ward
tenoth of residence in city or town where does		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Male Still (a) Residence: No William		If U.S. Veteran specify WAR
(a) Residence: No. WIIII a	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH June, 12,1936
male White	OR DIVORCED (write the word)	193
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of XX XX		22. I HEREBY CERTIFY, That I attended deceased from
		19
6. DATE OF BIRTH (month, day, end year) Jun (e 12,1936 Days If LESS than	I last sew h; death is said
Stillbirth	I dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ormin.	were as follows: Date of one ot
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	YYYYYY	
9. Industry or business in which work was done, es SILK MILL,	V:31.31.31.32.3V-V	(box (sou
SAW MILL, BANK, etc		
- I this occupation (month and	11. Total time (years) spant in this	
year)	occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Williams	port-Md	
(State or country)		
H 13. NAME George F. Kr		
14. BIRTHPLACE (city or town) William (State or country)	amsport Md	Name of operation Date of
		Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mildred 16. BIRTHPLACE (city or town)	Haywood	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
Wre Annie Free		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Sp		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	JI U MU	Manner of injury
Plaw-ill-i-amsportMd	Date	3 Nature of injury
Albert Loof		24. Wes disease or injury to any way related to occupation of deceased?
19. UNDERTAKER ALDEL BEAL (Address) Williamsport	to Md_ /	If so, specify
20. FILED AUNU/81926 LOL	Con Bic Bara	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURLAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6501
1. PLACE OF DEATH	
County Lo assing tore	Registration Dist. No. 302
Village or City Hager glicere	No. 837 Security St Z, Ward
Length of residence in city or town where death occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Maria Katherine	dsds. How long In U.S. if of foreign birth?yrsmosds.
	achie X
(a) Residence: No. 8 5 7 Augustus and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 If married widowed or diseased	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Toes teefens	22. I HEREBY CERTIFY That I attanded daceased from
	Upul 26 p 23, 10 June 21 1936
6. DATE OF BIRTH (month, day, and year) Quet 28 12 / 98 3	I last saw 1 . In alive on June 70, 1926; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 6-35 Gm.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, Horsan Weeks SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (more head)	
9. Industry or business in which work was done, as SILK MILL	1.11
work was done, as SILK MILL, SAW MILL, BANK, etc	Mellins- 47 1632
O 10. Data deceased last worked at this occupation (month and year)	1100
12. BIRTHPLACE (city or town) Greencostle Ta	Other Contributery Causes of Importance:
(State or country) Ferentalia (00)	(10 line (0 0 8 0 0 1)
II 13. NAME Lewis Gones	770 73
13. NAME Leves Govern	Name of operation.
(State or country)	What test confirmed diagnosis? Land Lygen Was there an autopsy 10
15. MAIDEN NAME (Line a Mary Warner) 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
JPIV. D	Where did injury occur?
(Address) 8-39 Services are Hagerston	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Let Naven Date June 23 1936	Nature of injury
19. UNDERTAKER David Martine	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) Escere ag the Toy,	If so, specify
20, FILED 6-22-, 19366 Mass 772 our	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriaecleraeie	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU	-21		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

County Washington WITMIN	Registration Dist. No. 302
Village or City Washington Co Hoshita	Registration Digit. No. St. 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Catturnies Zonicka X	ina_
(a) Residence: No. Keedysville, mid	Sto Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) Thuk	21. DATE OF DEATH 6 22 , 193 6 (Month) (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Electrony (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
1. lu la = 1895	Tast saw her alive on 1990, to 1995 death is sain
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at
40 11 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Mysearlikes auch
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupetion (month and year)	Hysterectory was not for cancer, but for
12. BIRTHPLACE (city or town) Golf land md	Other Contributory Causes of importance: Chronic faline inflymoution. Duration: about
	Appliletory relevan years.
13. NAME (ISDUM) Hagaus word 14. BIRTHPLACE (city or town Hagaus word (State or country) Washing Co., o	Name of operation Against Date of Sure 15. What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cora Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Locust Broves (State or syntry) Wash E	Accident, suicide, or homicide?
17. INFORMANT Surga & Live (Address) Thursday will ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALE Monte 6 = 25, 1936	Manner of injury
19. UNDERTAKER OF Survey & Co (Addiess) Karady Sprilly Mid-	24. Was disease or injury in any wey telated to occupation of deceased?
20. FILE 60-23, 1934 Charthouses Registrar.	(Signed) Millimorphian M. I
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regressing V. S. No. 1.

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Arteriosclerosis ENVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
PREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.

item of infor-

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6503

I PLACE OF DEATH		23	6	. /
County Washington		Regist	tration Dist. No. 30	4
Village or City Hancoch	4	No.	St	Ward
	(II	death occurred in a hospital or institution, give its		mber)
Length of residence in city or town where deeth occurred.	yrs,mos	ds. How long in U.S. if of foreign bi	rth?mos.	ds.
2. FULL NAME Tola May	Macken	eth If U. S. Veteran, specify W	AR	
(a) Residence: No.		St., Ward.	X	
	ace of abode)		resident give city or town and St	tate
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFI	CATE OF DEATH	
	ARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	14 (Day)	193
5a. If married, widowad, or divorced		// ()	/ (bay)	(1001)
(or) WIFE of William Macke	reth	22. HEREBY CER	T1FY, That I attended de	ceased from
5. DATE OF BIRTH (month, day, end year)	28,1906	I last saw h_er alive on6//	1936;	death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date statad above, at	6. d. m.	
30 3 /4	l day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and rala were as follows:	1-	
8. Trada, profession, or particular	4/	n Dulmo	nary	Oate of onset
SAWYER, BOOKKEEPER, etc	Vork	fubliculos	12/	
9 Industry or businass in which work was done, as SILK MILL,				
SAW MILL, BANK, etc.				
- I this occupation (month and	tal tima (yaars) spent in this			
year)	occupation	Other Coatributory Causes of Importance:		
12. BIRTHPLACE (city or town) Ser Kelly S	ming Ma	0	1.	
(State or country) Morgan	ea /	Myocarac		
13. NAME M. B. Johston 14. BIRTHPLACE (city or town) Contents				
14, BIRTHPLACE (city or town) Frenkely S	Juny Wa.	Name of operation	Oate of	
(State or country) Mayby	ad.	What tast confirmed diagnosis?		topsy?
15. MAIDEN NAME Bertha - End	h	23. If death was due to externel ceuses (VIOL		
15. MAIDEN NAME Bertha - End	huns	Accident, suicide, or homicide	/	19
(State or country)	divis		/	, 200000
17 INFORMANT WM: Mackenet	6		y city or town, county and State) Y. In HOME, or in PUBLIC PLAC	OF.
(Addrass) Hancark 7	nd.	X	ty to the time, or the total of a line	
18. BURIAL, CREMATION, OR REMOVAL Homose		Manner of injury		
Place Cathelic Cemetry Date In	ne. 17, 1936			
Court Pull 14	1 1/2			
19. UNDERTAKER MY der howland fur	use forme	24. Was disease or Injury In any way related	lo occupation of daceased?	10
(Address) Hancock -	ma	If so, specify	Lafter, mi	
20. FILED 6/1 196 /9 /ell	Kus	(Signed)	coch me	M. D.
1	Registrar.	(Addrass)		

If more/blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 7 1836	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-	ould state	OCCUPA-	1
item	sho	Jo	
D. Every	SICIANS	statement	
RECOR	Y. PHY	Exact s	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	l be	pe 1	Jo y
INK-1	Should	t it may	on bacl
DING	I. AGE	so tha	uctions
UNFA	supplied	terms,	e instru
WITH	efully s	in plair	ant. Se
VINLY,	l be car	EATH	import
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ITE	on s	SE	SIZ
-WR	mati	CAU	TIOI

N. B.—WRITE PLAIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

6504

1	. PLACE OF DEA	TH			23-70
	County	Washington	2		Registration Dist. No. 302
	Village or City Ha				No. 111 West Side Avenue St. / Ward
				(II	f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in o	city or town where deat	occurred	U_yrs,mos	sds. How long In U. S. if of foreign birth?yrsmosds.
2	. FULL NAME		_		If U. S. Veteran, specify WAR
	(a) Residence: No.	111 West	Side (Usual place		St., Ward. If nonresident give city or town and State
	PERSONAL AN	ND STATISTICA	L PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3.		or or race 5.		RIED, WIDOWED, D (write the word)	June 28, (Month) (Dey) (Year)
5a.	If married, widowed, or div	orced			
		artha A.]	Morgan		22. I HEREBY CERTIFY, That I ettended deceased from Level 2 4, 1936, to Level 5, 1936
6.	DATE OF BIRTH (month, da	ay, end year)Dec.	1. 18	56	(list sew here alive of the 16 , 1036; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et 5:00P m.
	79	6	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	% Trede, profession, or p	particular		(O)	were es follows:
Ó	kind of work done SAWYER, BOOKKE	es SPINNER, La!	porer		/ 7
OCCUPATION	9. Industry or business i	n which			1 then Illend
5	work wes done, as SAW MILL, BANK,	etc			Primary Cauche 3 Onebast Removehage
00	10. Date deceesed lest wo this occupetion (mo	orked at	11. Total t	ime (years) nt in this	Duration : twelves days Quelit
_	year)		l occ	upation	-
12.	BIRTHPLACE (city or town)	Rohrersv	ille	,	Other Coutributory Causes of importance:
	(Stete or country)	Md.			Pulmonair Edenies -
2	13. NAME JOSE	eph Morga	an		The state of the s
FATHER	14. BIRTHPLACE (city or t	Rohrer	sville		Name of operation Dete of
T	(State or country)	Md.			
2	15. MAIDEN NAME	Barbara A	Bove	r	What test confirmed diegnosis?
MOTHER		Dohnos			23. If death was due to external causes (VIOL ENCE) fill in also the following:
MO	16. BIRTHPLACE (city or t (State or country)	own) ROIII C.			Accident, suicide, or homicide?
					Where did injury occur?(Specify city or town, county and State)
17.	INFORMANT MY	s. J. R. S	Smith		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	(Address) Has	gerstown,	wa.		
10.	Plece Locust		i. Jul	v 136	Manner of Injury
				d	Neture of injury
19.		d W. Krais			24. Wes disease or injury in any way related to occupation of deceased?
	(Address) Hage	erstown	vid.	2	If so, specify
20.	FILEDRAME 30	193 6 TOMO	416	occess!	(Signed) Affillufagna M. D.

If more blanks are needed, address State Registrar, 2411 N. Clastes Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUI 6 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6	505
1. PLACE OF DEATH	948)	
County Wash englor	Registration Dist. No. 3//	
Village or City Milghmanton	No.	Ward
Length of residence In city or town where death occurred 75 yrs	f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
2. FULL NAME Lavid & Palme		
(a) Residence: No. Oil que autou (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 6
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of Malling to long A	22. I HEREBY CERTIFY, That I attended of	
C DATE OF BIRTH (STATE)	19.26, to Time 17	
6. DATE OF BIRTH (month, day, and year) Sept 7 / 8 (0) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at. 19.36	; death is said
14/1 8 2.1 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z STrade, profession, or particular	were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc.	Colongel Colonie	-6-1-3
9. Industry or business in which work was done, es SILK MILL, Farmer a		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 1932) year) 11. Total time (years) spent in this occupation		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Wash-Co, Md	30	
13. NAME Joseph Palmer	- Lilling Hallesteld	
13. NAME Joseph Palmer 14. BIRTHPLACE (city or town) - of	Name of operation Date of	
(State of country) Wash - (00 - TV19)	What test confirmed diagnosis? Clemesel Was there en au	ıtopsy?
15. MAIDEN NAME Sarah Janes 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	, 19
(State or country) Wash Co. My	Where did injury occur?	
17. INFORMANT II Mollie Taliner	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Manor Ceruty Date June 14,19 06	Nature of injury	
19. UNDERTAKER Mile Reich and	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) Way me boro A A	If so, specify	
20. FILED JULE 13, 156 - 4 8) 1 Dasul,	(Signed) My municipal (M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balinghe, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
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Chronic interstitial nephritis) Y921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
THE PARTY AND TH	PERMANEN	d EXACTI	erly classified.	cate.
1	A SI SI	be state	be prope	of certifi
-	INK-TH	plnods	it may l	on back o
1	ADING	ed. AGE	s, so that	ructions
-	TH UNF	y supplie	lain term	See inst
	INLY, WIL	be carefull	EATH in pl	important.
	WRITE PLA	nation should	AUSE OF D	TION is very important. See instructions on back of certificate.

I. PLACE OF DEATH	(159)
County Chashington	Registration Dist. No. 307
Village or City Garrowsburg	No. St. Ward
Length of residence in city or town where death occurred the	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign blrth?yrs,mosds,
0 04 6	0 44
2. FULL NAME Carllin Engene	Politica If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Small.	22. 91 HEREBY CERTIFY That I attended deceased from
	t last saw h. Lee alive on Serve 1, 1936; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and second in this concept in this second in	1.10 maleno
9. Industry or business in which	1 1 1 2 40
work was done, as SILK MILL, SAW MILL, BANK, etc.	6 /2 maccacs.
Description (month and spar) 11. Total time (years) spent in this occupation (month and spar) occupation	
- Contraction	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
The state of the s	
- Colored Actor	
(State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy?
The Thirty	23. If death was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
On At DIT	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Known and Market Mar	Specify whathat injuly occurred in INDUSTRY, in HOME, of the POBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Drownsoll Data me - 51, 19.	
19. UNDERTAKER TOM D. Bast 4 Son	24. Was disease or injury in eny way related to occupation of decaased?
(Address) Books boo Me	If so, spadify
20 FILED June 5th 1936 Cornelius H. Casta	(Signed) felleaux Church & M. D
A Corrected Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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			100

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

infor-

AD. Every item

N. B.—WRITE PLAIN

STATE OF MARYL	AND-CERTIFIC	CATE OF	DEATH
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65018

STATE OF MARYLAND	CERTIFICATE OF DEATH	0000
1. PLACE OF DEATH	(P)	
County Washington	Registration Dist. No. 3	16
Village or City Kurdley well a mo		Ward
	f death occurred in a hospital or institution, give its NAME instead of street and	
10 10 11 10 1	s	mosds.
2. FULL NAME VILLA A VOLOR		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town as	od State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	id Didto
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Flurale With OR DIVORCED (write the word)	(Month) (Oay)	, 193 6 (Year)
5a. If married, widowed, or divorced . Joshua W. Rohrey		(1601)
(or) WIFE of	22. HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) DIAN 20 = 1848	25°11 23	19.46
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at Am. 70.	.; death is said
QQ 11 0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last workad at this occupation (month and specified in the second in this second in t	Changes more delie	6/27/30
9. Industry or business in which		1
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at 11, Total time (years)	-	
11. Total time (years) this occupation (month and yaar) yaar) 11. Total time (years) spant in this occupation	•	
Tree Nieter VI In.	Other Coatributory Causes of importance:	1./22/8
12. BIRTHPLACE (city or town) (State or country)	- unto me of warde	0/29
13. NAME Solva Hallagare	7	
13. NAME John Horold Swille Med	Nama of operationOata of	
(State or country) World (100	What test confirmed diagnosis? Was there an	all'onsy?
15. MAIDEN NAME SUSAN Thomas	23. If death was due to external causes (VIOL ENCE) fill in also the following	
5 16, BIRTHPLACE (city or town) Rhandys villa Wid	Accident, suicide, or homicide? Data of injury	
E (State or country) Would Co	Where did injury occur?	
17. INFORMANT has Ima Schaller	(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC P	ate) 'LACE.
(Address) Krudys ville mac.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	***********
Place (Landy West Oate 6 - At , 1934	- Nature of injury	70
19. UNOERTAKER C & Surge & CO	24. Was disease or injury in any way related to occupation of deceasad?	160
(Address) / Ready wills mal	If so, specify	
20. FILEO Jume 29, 1926) No A Section	(Signed) A statlets face. Med.	M. D.
Régistrar.	(Visitoss)	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4-4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bulbe Wild			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state

stated EXACTLY.

WITH UNFADING INK-THIS IS A PERMANENT REC

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

infor-

of OCCUPA.

Exact statement

	1. PLACE OF DEATH	(&P)
	County Coasington	Registration Dist. No. 3//
		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	0 . 00	
	(a) Residence: No. Breathedsirle (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Wildward as divorced.	21. DATE OF DEATH (Month) (Month) (Oay) (Year)
	5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Bertha L. Saunders	22. I HEREBY CERTIFY. That I attended deceased from June 15, 19 36, to June 15, 19 34
of certificate.	6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 0ays If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	to have occurred on the date stated above, at 10 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Circloral Thrombosis. Date of onset
instructions on back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 7. Carbon 12. BIRTHPLACE (city or town) 7. Carbon 12. Stata or country) 12. BIRTHPLACE (city or town) 7. Carbon 13. Carbon 14. Carbon 15. Carbon 16. C	Othar Contributory Causes of Importance:
inst	13. NAME Charles B. Saunders	
See	14. BIRTHPLACE (city or town) Marlows (State or country)	Name of oparation Date of What test confirmed diagnosis? Was there an autopsy?
ry important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
V is very	18. BURIAL, CREMATION, OR REMOVAL Planton Cuntum Ogto 21. 19.36	Manner of injury
TION	19. UNDERTAKER (UM) BOY STORY MIND	24. Was diseasa or injury in any way related to occupation of deceased? Water if so, specify (Signed) Frank J. Shuph M. O.
1)	20. FIXEDUM	(Address) 1091/2 M. Potomuc St. I tagerston M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Vuly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	(1
1. PLACE OF DEATH		U
County Marking Care	Registration Dist. No. 303	
	No. St.	_Ward
	death occurred in a hospital or institution, give its NAME instead of street and number. ds. How long In U.S. If of foreign birth?yrsmos	
2. FULL NAME Savilla. 9. Sollos	If U. S. Veteran, specify WAR	
	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	/_
temale While Widowed	, 133.9	ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended decease	ed from
Joseph Ochlosoli	Aca-5" 1934, 10 Kine 25", 15	3.6
6. DATE OF BIRTH (month, day, and year) Dec. 16. 1848	I lest saw h Co. alive on ture	n is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at J	
7 6 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	ofonset
8. Trade, profession, or perticular kind of work done, as SPINNER,	ap man (to 2)	=151
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupation (month and	inville rapraneer 14	5/5.4
work was done, as SILK MILL, SAW MILL, BANK, etc		
yeer) 1936 occupation 63 you	Other Contributory Causes of importance:	1-1-
12. BIRTHPLACE (city or town) Clay Sounds	Chronic Rephreles 124	3/34
(State or country) Thath. Co. Ind.	adenas Thyper enselve 12	13/34
13. NAME huathan 3. Down	(J'	
14. BIRTHPLACE (city or town) Beaver Oreck (State or country)	Neme of operation	
15. MAIDEN NAME ELAS LA SACA CON	What test confirmed diagnosis?	
15. MAIDEN NAME Cly whith Spessard. 16. BIRTHPLACE (city or town). Chewaville.	Accident, suicide, or homicide?	q
(State or country) wask. C. md	Where did injury occur?	
17, INFORMANT Miss Minnie Schlosen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Bourston md.		
18 BURIAL, CREMATION, OR BEMOVAL	Manner of injury	
Carolina Chambery Date June 28, 1936	Nature of injury	
19. UNDERTAKER (U) - O DOON TOOM	24. Was disease or injury in any way related to occupation of deceased? NO	
(Address) Bourstone md.	If so, specify	
20. FILED. 1 27, 19.3. 6 William & Bar	(Address) 20 dus loso . Ms.	M. D.
Registrar.	(viniezz)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RESERVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

OCCUPA-

plnods

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REGEIVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4 5 1
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY

1. PL/	ACE OF DEA	ТН			<u></u>
Cor	unty	Wash	ington	do.	Registration Dist. No. 302
Vill	lage or City			•	ND.6// Church St. 5 War
Lan	gth of residanca In ci	ty or town where	death occurrad	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FUI	LL NAME	Tram	I. Shi	rey	
(a)	Residence: No	611	Church S (Usual place	itreet of abode)	St. 5 Ward. If nonresident give city or town and State
PE	(a) Residence: No. 611 Church Strey (busual place of abode) PERSONAL AND STATISTICAL PARTICULA 4. COLOR OR RACE			CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX			OR DIVORCE	D (write the word)	21. DATE OF DEATH June 1 , 193 6
5a. If marri	ied, widowed, or divo		1 200,1	TIEU	(Month) (Day) (Yaar)
HUSB	AND of	Elizabe	eth Shir	rey	22. horse 1935 to kine 1 attended to coased to
6. DATE O	F BIRTH (month, day	y, and yaar)	April 3	.1880	Hast saw h / In alive on May 31, 1926; death is sal
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at
	56	1	28	ormin.	The PRINCIPAL CAUSE OF DEATH end raietad causas of importance were as follows:
Z 8. In	ede, profession, or pa	articular as SPINNED			Crebrol Neworkage 3/8/3
E .			Retire	d	arteroschono
A Colum	work was dona, as S	SILK MILL, T	Barber		/hyfesterson
ज़ि हैं		BIC		ime (venre)	Chrome heplints
000	this occupation (mo	nth and	spa	nt in this	Ortswelsone of offermone Heart to seeme
12. BIRTHI	PLACE (city or town)	Grée			Other Camtributary Causes of importance:
1		iam Shi	rev		
13. NA 14. BIF					
4. BIF		wn)	cillia.		Neme of operation
프 15. MA		atherin	ne Hoff	erman	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causas (VIOL ENCE) fill in also the following:
15. MA 16. BIF	RTHPLACE (city or to	wn) Pe	enma.		Accident, suicide, or homicida? Date of injury19
Σ					Where did Injury occur?
	MANT Eli	zabeth	Shirey		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
	AGE Years Months Days If LESS than 1 day,hr. 56 1 28 ormin. 8. Irede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired 9. Industry or businass in which work was dona, as SILK MILL, Barber 10. Date deceased last workad at this occupation (month and year) 11. Total time (years) spant in this occupation 2. BIRTHPLACE (city or town) Greencastle, Pa. (Stete or country) 13. NAME William Shirey 14. BIRTHPLACE (city or town) Penna. (Stata or country) 15. MAIDEN NAME Katherine Hofferman 16. BIRTHPLACE (city or town) Penna. (State or country) 7. INFORMANT Flizabeth Shirey (Addrass) Hagerstown, Md. 8. BURIAL, CREMATION, OR REMOVAL			Manage & Labora	
	The second secon		DataJun	e 3, 19.36	Manner of Injury
		Fred W.	Kraiss		24. Was disease or injury or any wey retailed to expensation of deceased?
(Ad	dress) Hag	erstown	le Ma.	1	If so, specify
20. FILED	0-3-,	1936-64	Cuff Do	owers	(Signed) Muliphy (Signed) M. I
6		/	- /	Registrar.	(Address) Pages oun,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related cause of importance were as follows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis IIII & 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.	G		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
EATH		(154)		

6513

1. PLACE OF DEATH	(154)
County Mashington	Registration Dist. No.
Village or City therewhen	No/2 3 St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
1 0000	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Donald Lee Shor	If U. S. Veteran, specify WAR
(a) Residence: No. Nugerwork (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 1936, to 2 1934
6. DATE OF BIRTH (month, day, and year) June 181-1836	1 last saw h alive on 2 1936; daath is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, at
1 day,/hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Tremaline Buff
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
Itures la B3	Other Contributory Causes of importance: / - 2
(State or country)	mo) when mine
13. NAME Jack Wellans	
14. BIRTHPLACE (city or town) Page co	Name of operation
(Stete or country)	What test confirmed diagnosis?
15. MAIDEN NAME buseuie Alert	23. If death was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) Huge shown 3	Accident, suicide, or homicide?
(State or country) In A	Where did injury occur?
17. INFORMANT 9: Helle an Short (Address) /fages love R 3	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Premises Date James, 1936	Nature of Injury
19. UNDERTAKER G Milliam Short	24. Was disease or injury In any wey ralated to occupation of deceased?
(Address) Hugerpywy 133	If so, specify
20. FILED 6 - 3 - 19366 Wash To one och	(Signed) M. D.
Revistrar.	(Address) Juses lown my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1930	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	11 11	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6514
1. PLACE OF DEATH	(93-2)
County Wash Oo	Registration Dist. No. 302
Village or City Harris free.	No. 813 Daylord CUE St. 4 Ward
1/ ()	death occurred in a hospital or institution, give its NAME instead of street and number)
7/10/11/1-1-	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a farles of lefter	If U. S. Veteran, specify WAR.
(a) Residence: No. 1/3 Sewyf ave (Usufal place of abode)	St., H Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	6 29 193 6
5a. If married, widowad, or divorced	(Month) (Day) (Year)
(or) WIFE of annil Slifer	22. HEREBY CERTIFY. Thet I attanded deceased from 1936 to 29 1936
6. DATE OF BIRTH (month, day, and year) Oct 18 - 1864	I last saw h 21 alive on 6/29 1956; daath is said
7. AGE Yaars Months Days if LESS than	to have occurred on the date stated above, at 10:15 Pm.
7/ 6 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	arterio-selentie carchio vascalar Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc Released	disease into memisshol failure
30. Industry or business in which work was done, as SILK MILL JOYALLE SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Oete deceased lest worked at this occupation (month and	
this occupation (month and spent in this occupation yeer)	
1-1-	Other Centributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME MODIAN Sheles	
13. NAME Marlin Stefer 14. BIRTHPLACE (city or town) Mary CD MA	Neme of operation None Oate of
(State or country)	What tast confirmed diagnosis? Chusel Was there an autopsy? Ac
E 15. MAIDEN NAME Tolord Shalen	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Tolard Shafer 16. BIRTHPLACE (city or town) 1/2 ash Romando	Accident, suicide, or homicide?
S (State or country)	Whare did injury occur?
17. INFORMANT Osmil Aliker	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hager sterior ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Maspor Combate July 2, 19 30	Nature of injury
19. UNDERTAKER IT IN Was nestoro y PA	24. Was disease or injury in any way clated to occupation of deceased? /W
(Address) (Address)	It so, specify
20. FILED 6-30-, 1936 Charter joices	(Signed) 170 Whigh Hagenbuly My M.O.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	1	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	JUL 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
100				- 118
	appropriate the second			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH	95-0
County Washington-	Registration Dist. No. 302
Village or City Lunkstown -	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	• 10
2. FULL NAME Chayles Lee 3 m	• Th If J. S. Veteran, specify WAR
(a) Residence: No. Take to the (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I ettended deceesed from
(or) WIFE of mollie.	22. HEREBY CERTIFY, That I ettended decesed from
6. DATE OF BIRTH (month, day, end yeer)	Hast saw Jem elive on June 13 ca 1936: deeth is said
7. AGE Yeers Month Deys If LESS then	to heve occurred on the date steted above, at 4 4 m.
69 N 28 1 dey,hrs.	The PRINGIPAL CAUSE OF DEATH and releted causes of Importence were es follows:
8 Trade profession or perticular	were es rollows.
kind of work done, as SPINNER, Cary Peuley SAWYER, BOOKKEEPER, etc.	A 0 /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this eccupation (month and	Chrome myocarditis
10. Date deceased lest worked et this occupation (month end yeer) yeer)	
12. BIRTHPLACE (city or town) 19 19 19 19 19 19 19 19 19 19 19 19 19	Other Contributory Causes of Importence:
13. NAME David Smith	
13. NAME Jasid Man 1 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NYMOTA y Jame Jacobs -	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NYM CLY GOOD TOWN TO THE STATE OF	Accident, suicide, or homicide? Dete of Injury19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Y S S m . Th	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tuglystown Determed 13, 1936	Nature of Injury
19 UNDERTAKER A. K. CON L M. QUE	24. Wes diseese or Injury In any wey releted to occupation of decressor?
(Address) Hag yystona led	If so, specify
20. FILED 6 - 13 - 1936 JAMES AT BOWER	(Signed) M. D.
Registrar.	(Address) Sagesstown, Ms.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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thie i	i i	Example 11	
and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
CEIVEL	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
JUL 6 1938	July 5,1927	Peritonitis	3 days ago
UREAU V. S.			
importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	and related causes CEIVEI JUL 6 1938	and related causes Date of onset 1915 1921 JUL 6 1936 July 5,1927 DREAU V. S. Importance:	and related causes Date of onset of importance were as follows: Attack of epilepsy Run over by street car JUL 6 1936 July5,1927 Peritonitis Other contributory causes of importance:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUV.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANE	stated EXACT	properly classified	certificate.
HIS	be	be	Jo
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEI	mation should be carefully supplied. AGE should be stated EXACT	CAUSE OF DEATH in plain terms, so that it may be properly classified	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:0
County Chashington	Registration Dist. No. 305
Village Dr City Mourol - Reac	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Pour may State	Connected S. Veteran, specify WAR
(a) Residence: Np. Born Aldro R. /	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Sirrow P. Stottlemyer	22. HEREBY CERTIFY, That I attended daceasad from May 29, 19, 36, to Sune 1, 19, 36
6. DATE OF BIRTH (month, day, and year) July - 19- 1871	I last saw h & aliva on May (3/ , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, al & A. s. m.
64 10 12 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	ol on x
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation/month and this occupation/month and	Chronic Myocardilis 1934
10. Date deceased last worked at this occupation (month and year)	
Auchittaille	Dther Contributory Causes of importance:
(State or country) 7 red Ca Md	
13. NAME Marlin U. B. arriold.	
14. BIRTHPLACE (city or town) Mean Madelle True	Nama of oparation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rebesses Hought 16. BIRTHPLACE (city or town). Man Middletons.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT. Sagron P. Stettleryco	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Blave Cruh Date June 4, 1936	• • • • • • • • • • • • • • • • • • • •
19. UNDERTAKER UM A Source (Address)	24. Was disease or injury in any way related to occupation of daceased? 20.
20. FILED some - 2, 19.3.6. Tu lliamo - Ba	(Signed) J. W. Allan M. D. (Address) Barry Alman
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: FIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis IIII 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Mashington Village or City Mashington Village or City Mashington Village or City Mashington S. S. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred (a) Residence: No. Leitersburgh (a) Residence: No. Leitersburgh (b) Length of residence in city or town where death occurred (a) Residence: No. Leitersburgh (b) Length of residence in city or town where death occurred (a) Residence: No. Leitersburgh (b) Length of residence in city or town where death occurred (a) Residence: No. Leitersburgh (b) Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) S. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (conviewed widowed, or divorced law wards) (conviewed or divo
Village or City Hagentown No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? 2. FULL NAME Might place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEMED, WIDOWED, OR DIVORCEMED, WIDOWED, OR DIVORCEMED, WILDOW HOW HOW HOW HOW HOW HUSBAND of (cr) WIFE
Village or City Hagentown No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? 2. FULL NAME Might place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEMED, WIDOWED, OR DIVORCEMED, WIDOWED, OR DIVORCEMED, WILDOW HOW HOW HOW HOW HOW HUSBAND of (cr) WIFE
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? 2. FULL NAME MULLING Less Startles (a) Residence: No. Letters will M. St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word) Ce. If married, widowed, or divorced HUSBAND of (or) WIFE of Barrie & Swalls 6. DATE OF BIRTH (month, dey, end yeer) Dec 17 1867 (or) WIFE of BIRTH (month, dey, end ye
2. FULL NAME Minnie Tesher Swailer (a) Residence: No. Seitersburg M. St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE Who word) Fe. If married, widowed, or divorced HUSBAND of Barrie & Swails 6. DATE OF BIRTH (month, dey, end yeer) 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. 1 lest saw h. M. alive on 1 lest saw for to heve occapted on the dete shield shove, at 1 a. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onest
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) 6. If married, widowed, or divorced HUSBAND of (or) WIFE of Barrie 6. Swails 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 22. 1 HEREBY CERTIFY Thet I attended deceased from alive on former 17, 1936; death is said to heve occayed on the dete spated above, at 14, 2, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 18
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8. Trade, profession, or perticular or DATE of the word of the dete stated above, at S. S. SINGLE, MARRIED, WIDOWED, OR DATE of the word of the dete stated above, at S. S. SINGLE, MARRIED, WIDOWED, OR DATE of the word of the dete stated above, at S. S. SINGLE, MARRIED, WIDOWED, OR DATE of the word of the dete stated above, at S. S. SINGLE, WIDOWED, OR DATE of the word of the dete stated above, at S. S. SINGLE, WIDOWED, OR DATE of the word of the dete s
BULL STATE OF BIRTH (month, dey, end yeer) STATE OF BIRT
DATE OF BIRTH (month, dey, end yeer) Solution Consumer of the standard of th
Set If married, widowed, or divorced HUSBAND of Garrie & Swails 22. I HEREBY CERTIFY Thet I attended deceased from Mary 10, 1936, to 1936; death is said to heve occased in the profession, or perticular min. 22. I HEREBY CERTIFY Thet I attended deceased from Mary 10, 1936, to 1936; death is said to heve occased in the profession, or perticular min. 23. I HEREBY CERTIFY Thet I attended deceased from Mary 10, 1936, to 1936; death is said to heve occased in the profession, or perticular min. 24. I HEREBY CERTIFY Thet I attended deceased from Mary 10, 1936, to 1936; death is said to heve occased in the profession, or perticular min. 25. DATE OF BIRTH (month, dey, end yeer) Dec 17 /867 7. AGE Yeers Months Deys I fless than to heve occased from Mary 10, 1936; death is said to heve occased and the profession, or perticular min. 26. DATE OF BIRTH (month, dey, end yeer) Dec 17 /867 7. AGE Yeers Months Deys I fless than to heve occased and the profession, or perticular min. 27. AGE Yeers Months Deys I fless than to heve occased and the profession of the profession, or perticular min. 28. Trade, profession, or perticular min. 29. Date of onset Development of the profession of the pr
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Deys If LESS than to heve occupied on the dete shated above, at D 4 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Deys If LESS than to heve occupied on the dete shated above, at D 4 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
7. AGE Yeers Months Deys If LESS than I dayhrs. or
Z bind of work does on COLINICO
Z Lind of Guest, does on COLUMED //
SAWYER, BOOKKEEPER, etc. / Jourse North Jourse North SAWYER, BOOKKEEPER, etc. / Jourse North SAWYER, BOOKEEPER, etc. / Jou
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 11. Intel time (yeers) 12. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 13. Intel time (yeers)
E E E D 10 10 Dete decesed last worked at 11 Total time (years)
Tr. Total tille (Joseph
7 - 1 Trong All Alexander Trong Alex
Zi Q P (State or country)
ARBOURTH 13. NAME Feredrick Lesher
Nome of exercises
(Stete or country) What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Catherine Bondict 23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
Assident sulable or hamiside? Date of injury 18
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT/PULL CHIMAL CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL Manner of injury
E - E - 01-10 701/04 Alvert 4 Date (a/ - 7/) 10.3/
E I DO 14 CONTE 11 CONTE 12 CO
is 19. UNDERTAKER William of Annual Property of 19. (Address) Warnelforms Fa If so, specify
A m 6-19-12 Tokast 3- vacy (Signed) Ratell M.D.
> Z (Address) Hagerstown, My,
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1931	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:	- market i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	IER STATEMENTS BY PHYSICIAN
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Example I The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RESCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year